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I. TITLE OF REPORT (If a fill-in report include Form No.) 2. TYPE X STATI														ICAL	
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3. FUNCTIONAL AREA				LOGISTICS			SECURITY			.	OTHER (specify)				
4. NO. OF COPIES PREPARED				MEDICAL 5. FREQUENCY (weekly.			monthly, quarterly, etc.) 6.			6. 0	o. DISTRIBUTION (No. of components not				
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7. FORMAT (memo	randum.	form	8.	ADP PROCESS I	NG 9. DIREC					RECTI	ECTIVE AUTHORITY REQUIRING REPORT				
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FOR Form	164		Х	ζ NO 2						y Re	Regulation 310-49				
10. PREPARING COMPONENT (include lowest level II. FEEDER REPORTS (State total number and identify by Title,															
contributing information to report) Form No., or nomenclature. Attach separate sheet if necessary.)															
MMPD/MDBr/ANMCSec															
NONE															
12. COST FACTORS															
A. MANUAL PREPARATION AND REVIEW COSTS															
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TOTAL COSTS PER YEAR															
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,															
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.															
As divosted by Department of the Aver-															
As directed by Department of the Army.															
14. FUTURE GOALS															
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